

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90128 006 ***150.00

DOCUMENT # F00000000393

1. Entity Name
TECHNICA DESIGN STUDIO, INC.

Principal Place of Business
5005 COLLINS AVENUE, SUITE #825
MIAMI BEACH FL 33140

Mailing Address
5005 COLLINS AVENUE, SUITE #825
MIAMI BEACH FL 33140

2. Principal Place of Business
4045 SHERIDAN AVE.
 Suite, Apt. #, etc.

3. Mailing Address
4045 SHERIDAN AVE.
 Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number **38-2986892**

Applied For
 Not Applicable

Zip
33140-3665

Country
USA

Zip
33140-3665

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHERMAN, STEVEN
5005 COLLINS AVENUE, #825
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name
SHERMAN, STEVEN
 Street Address (P.O. Box Number is Not Acceptable)
4045 SHERIDAN AVE.
 City
MIAMI FL Zip Code
33140-3665

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
PSTD
 NAME
SHERMAN, STEVEN
 STREET ADDRESS
5005 COLLINS AVENUE, SUITE #825
 CITY-ST-ZIP
MIAMI BEACH FL 33140

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
4045 SHERIDAN AVE.
MIAMI, FL 33140-3665

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-02

Date

Daytime Phone #

CR2E034 (9/01)